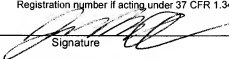


|   |            |   |          |
|---|------------|---|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>335828001US1    |          |
| Application Number      09/849,504-Conf. #8692  |            | Filed      May 4, 2001                      |          |
| For <b>SYSTEM AND METHOD FOR COORDINATING PRODUCTION AND DISTRIBUTION OF PAPER PRODUCTS PACKAGED WITH PROMOTIONAL MATERIALS</b>   |            |   |          |
| Art Unit      3622  |            | Examiner      D. Lastra                     |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |          |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                     |          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$ 60.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225                                       | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                       | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                       | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                                      | \$ _____ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |          |
| <input checked="" type="checkbox"/> Payment by EFT Account No. SEA1PIRM.  |            |   |          |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      50-0665   |            |   |          |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number      58,388  |            |   |          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34      _____   |            |   |          |
| <br>_____<br>Signature   |            | June 15, 2007<br>_____<br>Date              |          |
| J. Mason Boswell<br>_____<br>Typed or printed name  |            | (206) 359-8000<br>_____<br>Telephone Number |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |          |
| <input checked="" type="checkbox"/> Total of      1      forms are submitted.   |            |   |          |